



## DIVISION OF FISHERIES & WILDLIFE

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[MASS.GOV/MASSWILDLIFE](http://MASS.GOV/MASSWILDLIFE)

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# Crossbow Permit Application Instructions

The attached application must be completed and signed by the applicant and the applicant's physician.

### **APPLICANTS PLEASE NOTE:**

**\*\*Successful applicants will not receive a hard copy permit; instead their disability status on their license and customer profile in the MassFishHunt online licensing system will read Crossbow.**

The crossbow status will remain valid for the lifetime of the applicant unless revoked by the director of the Division of Fisheries and Wildlife. The applicant is required to purchase the appropriate hunting/sporting licenses and stamps each year. It is also important to remember that once they purchase a hunting/sporting license, they must purchase subsequent licenses using the same customer identification number in order to maintain their crossbow status. Successful applicants without a current customer identification number will have one created for them. The Division will then mail them the number with instructions for purchasing their license online or at a license vendor using the assigned customer identification number.

### **PHYSICIANS PLEASE NOTE:**

The law allows individuals with a permanent disability preventing them from using traditional archery equipment to apply for a lifetime permit to hunt with a crossbow. Written certification from a physician attesting to the disability will be part of the application process.

The applicant's disability must be a **permanent** physical disability and as a result of that permanent physical disability, the person cannot operate a conventional or compound bow. The physician must provide a narrative in terms that a lay person can understand, as to how the permanent disability directly affects the applicant's ability to operate a conventional or compound bow. If there is any question of the applicant meeting the criteria, the applicant is subject to a review by a medical review board at the expense of the applicant.

### **RETURN TO:**

**Crossbow Permit  
MassWildlife Field Headquarters  
1 Rabbit Hill Rd  
Westborough, MA 01581**

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# *Crossbow Permit Application*

## **Applicant's Section**

**Please type or print clearly.** All incomplete applications will be returned without consideration.

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Name of Applicant

Date

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Mailing address

Phone number

---

Street address (if different from mailing address)

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City/Town

State

Zip

---

Date of Birth

Height

Weight

Hair

Eyes

**I attest that I have a permanent physical disability and as a result of that disability cannot operate a conventional bow or a compound bow.**

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Applicant's Signature

Date

*Permittee subject to pains and penalties of perjury for making false statements.*

### **Official Use Only**

**Date Issued:**

**Customer ID:**

**File#:**

## Physician's Section

**Please type or print clearly.**

\_\_\_\_\_  
Name of Applicant/Patient

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

*Do not certify this applicant unless you are convinced this is a permanent physical disability that meets the requirements of M. G. L. c. 131 s. 69 which is included in the application material.*

**I certify that this is a Permanent Physical Disability.** ☐ **(initial box)**

Please describe in detail the Permanent Physical Disability: (Attach additional documents if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate how this Permanent Physical Disability prohibits the individual from using a conventional or compound bow:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

*This application is subject to medical review at the expense of the applicant.*

# GENERAL LAWS OF MASSACHUSETTS

## PART I. ADMINISTRATION OF THE GOVERNMENT.

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### TITLE XIX .AGRICULTURE AND CONSERVATION.

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#### **CHAPTER 131. INLAND FISHERIES AND GAME AND OTHER NATURAL RESOURCES.**

##### **Chapter 131: Section 69. Bows and arrows for hunting.**

Section 69. A person shall not carry or use a bow and arrow while hunting unless said bow and arrow meet such requirements as may be set by rules and regulations which the director is hereby authorized to promulgate. Such rules and regulations shall prescribe general design, weight of pull, and type of bows and arrows, and shall conform to standards generally accepted for bows and arrows used for hunting purposes. Nothing in this paragraph shall permit the use of crossbows by any person other than a person who is permanently disabled such that the person cannot operate a conventional bow and arrow, as certified by a licensed physician. Any costs associated with obtaining the medical documentation, re-evaluation of the information or a second medical opinion are the responsibility of the applicant claiming a permanent disability. The issuance of a crossbow permit under this section shall be subject to rules and regulations promulgated by the director.